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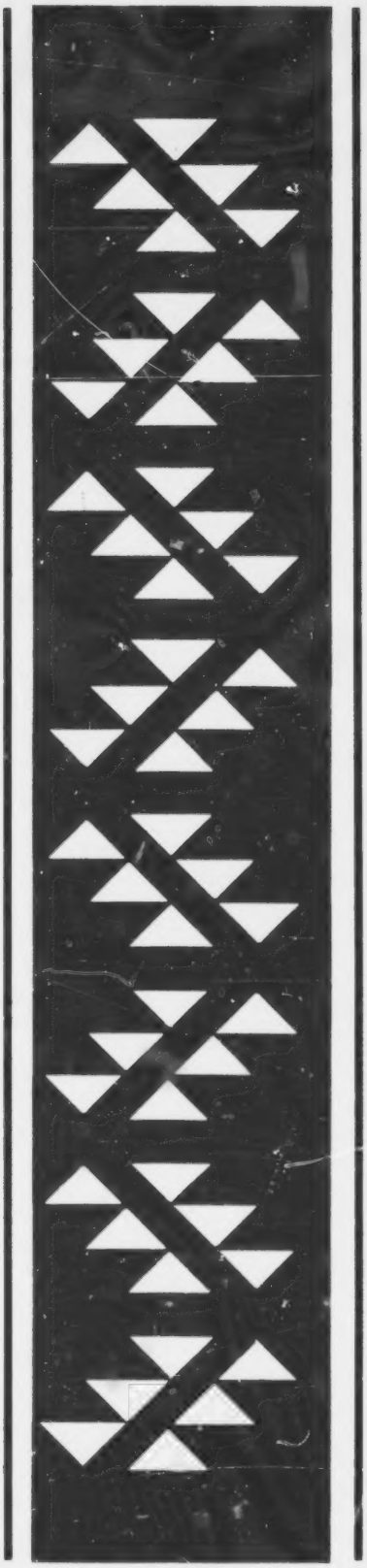
ANNUAL REPORT

Fiscal Year 1980

THE INDIAN HEALTH CARE IMPROVEMENT ACT

P.L. 94-437

ORIGINAL



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service/Health Services Administration
Indian Health Service

DHHS Publication No. (HSA) 81-1036

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAY 21 1981

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

I am pleased to transmit the Annual Report of the Indian Health Care Improvement Act (P.L. 94-437). This report, required by section 701 of P.L. 94-437, describes major activities and accomplishments during Fiscal Year 1980. It is estimated that it cost $10,100 to prepare this Annual Report.

Sincerely,

Richard S. Schweiker
Secretary

Enclosure

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAY 21 1981

The Honorable George Bush
President of the Senate
Washington, D.C. 20510

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAY 21 1981

The Honorable Thomas P. O'Neill, Jr.
Speaker of the House of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

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Sincerely,

Richard S. Schweiker
Secretary

Enclosure

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EXECUTIVE SUMMARY

Annual Report -- The Indian Health Care Improvement Act (P.L. 94-437)

Title VII, section 701, of P.L. 94-437 requires that the Secretary report annually to the President and the Congress on progress made in effecting the purposes of the Act. The attached Annual Report describes such progress during Fiscal Year 1980 (FY 80). It is estimated that it cost $10,100 to prepare this Annual Report.

The major participants in P.L. 94-437 activities are the American Indian and Alaska Native people, hereafter called Indian people, and personnel of the Indian Health Service (IHS). The Annual Report begins with: the purpose, the content and emphasis describing the purpose of each of the Act's titles, and the two major goals expressed by the Congress in the Act:

1. To insure that the health status of Indian people is at parity with that of the general U.S. population, and

2. To achieve the maximum participation of Indian people in Indian health programs.

For ease of organization and the reader's convenience the remainder of the Annual Report is presented in order of the Act's seven titles:

Title I	-	Indian Health Manpower
Title II	-	Health Services
Title III	-	Health Facilities
Title IV	-	Access to Health Services
Title V	-	Health Services for Urban Indians
Title VI	-	American Indian School of Medicine; Feasibility Study
Title VII	-	Miscellaneous

Each title is presented in the following format:

1. Brief description of programs authorized by the title;
2. FY 80 authorization - appropriation experience;
3. FY 80 activities; and
4. FY 80 accomplishments including description of benefits which resulted.

The General Accomplishments and Conclusion summarize the impact of the joint effort -- partnership and cooperation -- of the Indian people, the Administration, and the Congress in improving the health of Indian people through the operation of P.L. 94-437 programs.

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ANNUAL REPORT
FISCAL YEAR 1980
(October 1, 1979 through September 30, 1980)

The Indian Health Care Improvement Act
P.L. 94-437

Presented to the
President of the United States of America
and to the
Congress of the United States of America

Prepared by the
Secretary of Health and Human Services
with the assistance of the
Indian Health Service
American Indian and Alaska Native People
and other interested parties

May 1981

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PURPOSE OF REPORT

This report describes progress made by the Department of Health and Human Services in achieving the purposes of the Indian Health Care Improvement Act (P.L. 94-437) during Fiscal Year 1980 (FY 80). This is the fourth Annual Report describing progress in operating the Act's programs.

CONTENT AND EMPHASIS

The Congress expressed two major goals in passing P.L. 94-437 on September 30, 1976:

1. To insure that the health status of Indian people is at parity with that of the general U.S. population, and
2. To achieve the maximum participation of Indian people in Indian health programs.

The Congress defined, in the seven titles of P.L. 94-437, the way these goals are to be achieved. The purpose of each title is:

Title I -- Indian Health Manpower -- to remove barriers preventing entry of health professionals into the Indian Health Service (IHS) and private practice among Indians and to increase the number of health professionals serving Indians.

Title II -- Health Services -- to eliminate backlogs in Indian health care services by providing resources to meet Indian health needs.

Title III -- Health Facilities -- to improve or construct IHS hospitals, health centers, health stations, and other health facilities, and safe water and sanitary waste disposal facilities in existing and new Indian homes and communities.

Title IV -- Access to Health Services -- to enable the IHS to receive Medicare/Medicaid reimbursements for services provided in IHS facilities to Indian people eligible for Medicare/Medicaid.

Title V -- Health Services for Urban Indians -- to develop programs making health services more accessible to urban Indian people.

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Title VI -- American Indian School of Medicine; Feasibility Study -- to determine the need for, and feasibility of, establishing a school of medicine to train Indians to provide health services for Indians.

Title VII -- Miscellaneous -- to require various reports and extend the authorized length of leases or subleases with Indian tribes.

The remainder of this report describes major activities and accomplishments resulting from P.L. 94-437 programs in FY 80. For ease of organization and the reader's convenience, the report is presented in order of the Act's titles.

TITLE I -- INDIAN HEALTH MANPOWER

Title I authorizes a variety of recruitment activities (section 102) to identify and encourage Indian students to pursue a career in the health professions. (Note: throughout this report, health professions are considered to be the MODVOPP group -- medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, podiatry, nursing, and various allied health professions.) Students with educational deficiencies may qualify for a health professions preparatory scholarship (section 103), upon completion of which they are eligible for enrollment in a health professions school. Upon enrollment, they may qualify for a health professions scholarship (section 104) to assist with their health professions education. During nonacademic periods, students may qualify for assignments as an extern (section 105) to secure practical experience in their health discipline. Upon graduation and entry into the IHS, they may be provided continuing education experiences (section 106) each year to maintain and improve the quality of their previous education and training.

Authorization - Appropriation

Section	Authorization ($,000)	Appropriation ($,000)
TOTAL	$11,550	$6,688
102	1,800	900
103	1,300	800
104	7,200	3,600
105	1,000	600
106	250	(100)*
INMED/MPH**	--	788

*Funded under Clinical Services -- included as nonadd item here.
**INMED = Indians into Medicine Program, MPH = Master of Public Health Program

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Section 102 -- Health Professions Recruitment Program for Indians

Section 102 authorizes grants to Indian tribes, tribal organizations, urban Indian organizations, Indian health organizations, or any public or other non-profit private health or educational entity to help meet the costs of projects such as:

1. Identifying Indians with a potential for education or training in the health professions and encouraging and assisting them:

   A. To enroll in a health professions school; or

   B. If they are not qualified to enroll in any such school, to undertake such post-secondary education or training as may be required to qualify them for enrollment, or

2. Publicizing existing sources of financial aid available to Indians enrolled in any health professions school or who are undertaking training necessary to qualify them to enroll in any such school, or

3. Establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians, and their subsequent pursuit and completion of courses of study, in health professions schools.

Activities

As a result of the IHS Request for Applications, 40 recruitment grant applications were received by the IHS for competition for FY 80 funding. The applicants approved and funded, using all appropriated funds, were:

Tribes, Tribal Organizations, and Other Indian Organizations

American Indian/Alaska Native Nurses Association, Inc.
American Indian Association of Tucson
Association of American Indian Physicians
California Tribal Chairmen's Association
California Urban Indian Health Council
Chickasaw Nation Tribal Health Department
Leech Lake Reservation Business Committee
Mescalero Apache Tribe
Milwaukee Indian Health Board, Inc.
Montana Indian Health Board
Montana United Indian Association
National Tribal Chairmen's Association
Navajo Health Authority
N. W. Portland Area Indian Health Board

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(Continued)

St. Regis Mohawk Tribe
San Carlos Apache Tribe
White Mountain Apache Tribe
Yankton Sioux Tribe

Universities

California (MPH) *
Hawaii (MPH)
North Carolina (MPH)
North Dakota (INMED)
Oklahoma (MPH)

Accomplishments

About 23,000 persons were contacted and received information about the Indian health manpower program. These contacts resulted in about 370 persons being recruited into the IHS Health Professions Scholarship Program.

About 2,600 persons were assisted, counselled, directed, referred or helped in some manner in a health career or occupation.

Through various recruitment activities and transactions, about 200 professionals were recruited into the IHS or other health activities serving Indian communities.

Literature was developed and distributed as follows:*

Pamphlets (15)	To more than 42,000 students, counsellors, etc.;
Fact sheets and announcements (35)	To more than 50,000 students, counsellors, etc.;
Brochures and bulletins (16)	To more than 120,000 students, counsellors, etc. in 1,200 schools;
Newsletters	To more than 10,000 students, counsellors, etc.;
Handouts and flyers	To more than 13,850 students, counsellors, etc.;

*Includes estimates and projections to reflect unavailable figures.

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(Continued)

Posters (150 +)	To more than 1,000 schools; and
Slides and filmstrips for recruitment	To more than 25,000 students, counsellors, etc.

Educational activities were provided including:*

Workshops (60+)	To more than 3,500 students, counsellors, tribal coordinators, etc.;
Seminars	To more than 2,140 students, counsellors, tribal coordinators, etc.;
Educational meetings	To more than 15,635 students, counsellors, tribal coordinators, etc.; and
Conferences	To more than 1,270 students, counsellors, tribal coordinators, etc.

Recruitment project administrators and staff were readily available for contact with students and counsellors as well as with tribal coordinators, community organizations and educational representatives.

More than 300 "Health Career Days" were held during which an Indian nurse, engineer, physician, etc., came to the classroom or small group meeting to present information and answer student questions.

Recruitment efforts were conducted in all 50 States through conferences, primary and secondary schools and colleges, tribal organizations, professional societies, conventions, small group activities and community agencies.

More than 65 tribes from all parts of the United States have members who participated in the recruitment program.

*Includes estimates and projections to reflect unavailable figures.

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One of the "most exciting days of my life" (student's description) was a field trip to a university medical center where the student group saw medical teams in action and talked with various health professionals.

Some grantee organizations developed newsletters which provide valuable information to students, parents, counsellors, tribal educators and others involved in Indian health manpower programs.

Section 103 -- Health Professions Preparatory Scholarship Program for Indians, and Section 104 -- Health Professions Scholarship Program

Section 103 authorizes scholarship grants to Indian people for up to 2 years of compensatory preprofessional education which, upon completion, will enable the student to qualify for enrollment or reenrollment in a health professions school. There is no service obligation for recipients of section 103 scholarship grants. Section 103 does not provide support to students enrolled in a "pregraduate" curriculum, e.g., premedicine, predentistry, preosteopathy, preveterinary medicine, preoptometry, and prepodiatry since these are undergraduate programs and undergraduate financial support is available through other sources, e.g., the Department of Education and the Department of Interior's Bureau of Indian Affairs.

Section 104 authorizes scholarships for students enrolled, or accepted for enrollment, in health professions schools. Although any student may compete for these scholarships, priority is given to applicants who are Indian. There is a service obligation for recipients of section 104 scholarships. Upon completion of health professions school, the recipient must serve 1 year for each year of scholarship support received, with a minimum of 2 years' service, in either the IHS, an urban Indian health program funded under Title V of P.L. 94-437, or in private practice in a designated health professional shortage area serving a substantial number of Indian people.

Accomplishments

	Section 103	Section 104	Total
Scholarships Awarded	174	390	564
Average Cost per Scholarship	$ 7,400	$ 9,230	---
Funds Appropriated	$800,000	$3,600,000	---

The distribution of scholarships by discipline was:

	Section 103	Section 104
TOTAL	174	390
Alcoholism/Drug Abuse	0	4
Audiology/Speech Pathology	1	3

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(Continued)

	Section 103	Section 104
Dentistry	8	10
Dietetics/Nutrition	12	19
Engineering	19	19
Health Care Administration	2	50
Health Education	3	18
Health Sciences	1	2
Medical Records	9	19
Medical Technology	21	42
Medicine	4	5
Mental Health	3	22
Nursing	58	106
Optometry	1	1
Pharmacy	14	14
Physician Assistant /Associate	2	7
Physical Therapy	6	6
Social Work	1	21
Veterinary Medicine	0	3
X-Ray Technology	9	19

Through FY 80, 98 students who received health professions scholarship (section 104) support graduated from health professions schools. Of those, 85 are scheduled to work or are working for the IHS. The remaining 13 are continuing in graduate programs or working in other Indian health programs.

The IHS provided all administrative services to operate the section 103 and 104 scholarship programs.

The IHS implemented a monitoring system which provides each student a monitor who is a health professional employed by the IHS. The monitor is in monthly contact with the student for the purpose of providing assistance, including advice on academic and personal problems. Additionally, the monitor assists with the identification of qualified tutorial services when needed.

Qualified Indian medical and dental students received scholarship support, to meet critical Indian health manpower needs, through the National Health Service Corps (NHSC) Scholarship Program. Upon completion of their health professions education, the NHSC graduates fulfill their service obligation serving Indian people. This cooperative arrangement between the IHS and the NHSC enables the NHSC to fulfill its scholarship obligations, in addition to assisting more Indian students to receive a health professions education. It also enables the IHS to use its limited scholarship funds to support qualified students in nursing and allied health professional categories.

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The distribution of NHSC scholarships to Indian students by discipline was:

TOTAL	49
Dentistry	7
Dietetics/Nutrition	3
Medicine	20
Nursing	17
Other	2

Section 105 -- Indian Health Service Extern Programs

Section 105 authorizes the IHS to hire recipients of section 104 scholarships, or others enrolled in health professions schools, during nonacademic periods for up to 120 days during any calendar year. Each extern is assigned to an IHS, tribal, or urban Indian health facility to work in their health profession under the direct supervision of a health professional.

Accomplishments

Externs Assigned	=	221
Funds Appropriated	=	$600,000
Funds Spent	=	$600,000

The distribution of extern program assignments by discipline was:

TOTAL	221
Alcoholism	5
Dentistry	4
Dietetics/Nutrition	5
Engineering/Sanitation	7
Health Education	2
Hospital Administration	3
Medical Records	4
Mental Health	6
Nursing	82
Optometry	85
Pharmacy	8
Social Service	10

The externs secured practical experience in their professions while helping the health staff and Indian people by performing needed tasks and other services appropriate to the externs' levels of skill and training.

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Section 106 -- Continuing Education Allowances

Section 106 authorizes allowances to the IHS health professionals to obtain continuing education in the form of professional consultation and refresher training courses each year. These allowances provide travel, per diem, and tuition costs for such continuing education.

Accomplishments

Persons Receiving Continuing Education	=	516
Funds Appropriated	=	$100,000
Funds Spent	=	$100,000

The distribution of continuing education experiences by discipline was:

TOTAL	516
Dentistry	108
Dietetics/Nutrition	34
Engineering/Sanitation	1
Health Education	11
Medical Records	12
Medical Technology	151
Mental Health	40
Nursing	30
Optometry	22
Pharmacy	62
Social Services	45

The IHS staff receiving such continuing education refined their skills, learned new developments in their health profession, and helped identify ways to improve the delivery of IHS health services to Indian people.

Title I -- In Conclusion

In addition to the accomplishments already described, all appropriated Title I funds were spent for the Indian health manpower program (recruitment grants, scholarships, externs, and continuing education allowances). None of the appropriated funds was spent for administrative costs. Such costs were funded from the IHS base appropriation.

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TITLE II -- HEALTH SERVICES

Title II authorizes resources, funds and positions, in excess of existing IHS resource levels, to reduce the known unmet need for health services in certain program areas, including patient care, field health, dental, mental health, alcoholism and maintenance and repair. The purpose of Title II is to build upon and/or strengthen the existing IHS health delivery system by annual increments of resources. This phased approach will result in the reduction of unmet need for services and also will establish a firm program base which will enable the IHS to continue to provide the levels of health services beyond the life span of P.L. 94-437.

Authorization - Appropriation

Authorization		Appropriation	
Pos.	Amt. ($,000)	Pos.	Amt. ($,000)
593	$41,525	0	$4,849

The appropriated resources were used specifically for the treatment and control of alcoholism as described in section 201 (c)(5) -- alcoholism. These resources are in addition to those appropriated through FY 79 which are included in the IHS base budget.

Section 201(c)(1) -- Patient Care

Section 201(c)(1) authorizes patient care services to Indian people. This activity continues to be the highest IHS priority. Included in this activity are hospital care and ambulatory patient care, both direct and contract.

Accomplishments

Activity	Number
Hospital Admissions (IHS, Tribal, and Contract Health)	111,734
Outpatient Visits (IHS, Tribal, and Contract Health)	3,805,105

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Section 201(c)(2) -- Field Health

Section 201(c)(2) authorizes a field health program which functions through a system of 102 health centers (including 21 school health centers) and several hundred smaller health stations and satellite clinics. The field health program includes: sanitation (environmental health services), health education, and community health nursing.

Accomplishments

Activity	Number
Environmental Health Services	270,009
Public Health Nursing Services:	361,222
IHS 340,147	
Tribal 21,075	

Section 201(c)(3) -- Dental

Section 201(c)(3) authorizes a dental health program. The Indian people consistently rank dental health very high among their health priorities. Conditions such as tooth decay, periodontal disease, orthodontic problems, and missing teeth are prevalent. The direction of the dental program of the future strives to achieve a balance between immediate clinical treatment and long-term results through education. Practice is shifting from school-IHS control to community-family control as an increasing number of adults present themselves and their children for care.

Accomplishments

Activity	Number
Dental Services	
TOTAL	1,833,206
Direct (IHS and Tribal)	1,553,415
Contract	279,791
People Receiving Dental Services	
TOTAL	262,826
Direct (IHS and Tribal)	220,867
Contract	41,959

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Section 201(c)(4) -- Mental Health

Section 201(c)(4) authorizes a mental health program which is a major component of the IHS hospitals and health clinics program activity. Centuries of conquest, exploitation, continuous change and encroaching societal pressures have left Indian communities severely damaged and only partially capable of coping with mental, social, and emotional problems. Alcohol abuse, suicide, homicide, assaults, child abuse, battered wives -- violence in all forms; family disorganization; depression; apathy; and dependency are problems which are far too common. These same problems are compounded by the barriers of language, cultural differences, mutual misunderstanding, and prejudice. The development of the mental health program to an adequate level is essential to raise the general health of the Indian people and help them achieve their full potential in society.

Accomplishments

Activity	Number
Outpatient Visits	54,598
Inpatient Days	15,696
Client Contacts	99,771

Of the special mental health initiatives authorized in Title II, the original model dormitory program for boarding schools located at Stewart, Nevada, which was closed by the Bureau of Indian Affairs in September 1980, was split into two components and moved into cooperative programs with the Albuquerque/Santa Fe Boarding School in New Mexico, and the Chemawa Boarding School in Oregon. The inpatient psychiatric services component at Rapid City, South Dakota, has made substantial progress both in planning and in actual service delivery. A third special project, the Indian Children's Program in Albuquerque, New Mexico, is providing special multi-disciplinary physical and mental evaluations of physically and emotionally handicapped Indian children who do not otherwise have access to such services. Treatment plans formulated for these children are carried out with available resources in their home communities.

Section 201(c)(5) -- Alcoholism

Section 201(c)(5) authorizes the transfer of mature Indian alcoholism programs from the administrative jurisdiction of the National Institute of Alcohol Abuse and Alcoholism (NIAAA) to that of the IHS. Alcoholism and alcohol abuse are the leading causes of health problems among Indian people. Alcoholism has been responsible for the social disorganization of tribal culture that has resulted in broken homes, violence, arrests, auto accidents, unemployment, and wasting of human lives and human potential.

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Accomplishments

Activity	Number
Outpatient Visits	69,809
Inpatient Days	162,611
Client Contacts	57,618

Since the transfer, the IHS has implemented an Alcohol Treatment Guidance System by integrating IHS Indian alcoholism programs so they interface with the ongoing IHS health services delivery system. The IHS has developed an evaluation instrument and evaluation of all IHS-funded alcoholism programs was initiated in FY 79 and continued in FY 80.

Section 201(c)(6) -- Maintenance and Repair

Section 201(c)(6) authorizes a maintenance and repair program for IHS health care facilities. During FY 80, the IHS operated 50 hospitals, 102 health centers, several hundred clinics, approximately 2,000 units of family quarters, numerous warehouses, boiler plants, maintenance shops, government automotive garages, emergency power plants and buildings, etc., which total approximately 6 millon gross square feet of floor space. Resources received in FY 80 were directed toward reducing the identified backlog of essential maintenance and repair requirements.

Section 201(d) -- Research

Section 201(d) authorizes not less than 1 percent of the funds appropriated for each activity in Title II, except maintenance and repair, to be expended direct or by contract, for research in the activity. Thus, the following resources were utilized for research:

Activity	Amount
TOTAL	$207,000
Patient Care	48,000
Field Health	10,000
Dental	11,000
Mental Health	15,000
Alcoholism	123,000
Research projects initiated:	14

Applied research activities were conducted in FY 80 by the IHS staff. Results of these research activities were directed to improving current IHS health program activities and achieving a better understanding of

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Indian health problems. Examples of the types of research projects conducted include fetal alcohol syndrome, visual performance and nutritional state of preschool children, a study of the etiology of bronchiectasis, etc.

TITLE III - HEALTH FACILITIES

Title III authorizes construction of both health and sanitation facilities.

Authorization - Appropriation

Section	Authorization ($,000)	Appropriation ($,000)
TOTAL	$166,910	$74,302
301 - Health Facilities	57,578	24,062
302 - Sanitation Facilities:		
Regular	30,000	4,000
Tri-Agency	77,348	46,240
Special	1,984	0

Section 301 -- Construction and Renovation of Service Facilities

Section 301 authorizes funds for the planning, construction, and renovation of hospitals, health centers, health stations, extended health care facilities, Indian health facilities, and other facilities of the IHS. This section also mandates consultation with Indian tribes affected by health facilities construction concerning the size, location, type, etc., of the facility to be planned and constructed.

Activities

The Congress, in its report on the FY 80 IHS Facilities Program, requested the IHS to develop a report on various subjects for their review and consideration. Therefore, the IHS developed the following documents:

1. HHS Comprehensive Construction Cost Information System for the IHS

   This system projects the design and construction costs of the IHS facility projects using the most up-to-date information available. This system is available to all agencies within the Department.

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2. Contractural Requirements for Design and Construction of Health Facilities Under P.L. 93-638

The "Contractural Requirements for Design and Construction of IHS Health Facilities Under P.L. 93-638" document identifies the procedures along with the responsibilities of the HHS to provide technical assistance to the tribes and assure that the completed facility meets program requirements and can be completed within available funds appropriated for that purpose. This document was submitted to the Congress by the Department.

Accomplishments

The Congress provided funds to the IHS to continue the design and first-phase construction of one hospital facility and planning and first-phase construction funds to initiate another project. In addition, planning and first-phase construction funds were included to initiate three new health centers. Design and construction funds for one modernization and repair of a hospital project were also included. Design and construction funds were made available for 79 units of personnel quarters. The list of projects follow:

		Appropriation ($,000)
Hospitals:		
New and Replacement:		
Ada, OK	New Health Facility	$ 874 1/
Cherokee, NC	Replace Health Facility	426 1/
Red Lake, MN	Replace Health Facility	500 1/
Chinle, AZ	New Health Facility	3,000
Tahlequah, OK	Replace Health Facility	3,200
Modernization and Repair:		
Albuquerque, NM	Modernization of Health Facility	1,600
Outpatient Care Facilities:		
Lodge Grass, MT	New Health Center	1,485
Ft. Duchesne, UT	New Health Center	2,220
Inscription House, AZ	New Health Center	3,890
Personnel Quarters:		
Red Lake, MN	39 Units	2,400
Bethel, AK	40 Units	4,467

1/ Balance of funds for major moveable equipment for recently completed hospital projects.

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Section 302 -- Construction of Safe Water and Sanitary Waste Disposal Facilities

The purpose of this section is to provide funds for the improvement or construction of safe water and sanitary waste disposal facilities in new and existing Indian homes and communities.

Accomplishments

A description of the authorization and appropriation experience for FY 78-80 is shown in the table on page 17.

Through FY 80, only $50.4 million have been appropriated of the $103 million in funds authorized by P.L. 94-437 for FY 78-80, to reduce the unmet need for sanitation facilities to existing homes and communities. These $50.4 million have provided initial or improved service to nearly 8,000 Indian homes. The Congress further authorized, to be annually appropriated, such funds as are necessary for the provision of safe water and sanitary waste disposal facilities for new or renovated Indian homes. By the end of FY 80, projects were initiated with the $146.72 million appropriated under the P.L. 94-437 authorization to provide initial or improved service to approximately 23,000 new, renovated, and nearby existing Indian homes.

TITLE IV -- ACCESS TO HEALTH SERVICES

Title IV authorizes the IHS to receive Medicare and Medicaid reimbursements for services provided in IHS facilities to Indian people eligible for Medicare and/or Medicaid. The reimbursements are used to enable IHS facilities to attain and maintain national certification standards required of all Medicare and Medicaid providers. The title assures that the regular IHS appropriation will not be reduced by the amount of third party reimbursements collected, that there will be equal services for persons served, and that there will be accountability for the use of the funds collected.

Authorization - Appropriation

Funds were authorized by the FY 80 Appropriation Act for the IHS. No appropriation was made since the funds for this title are dependent on reimbursements for services provided to eligible Indian people.

Activities

The Medicare/Medicaid reimbursements collected during FY 80 were placed in the Secretary's Special Fund as required by Title IV to be "...used by him (to such extent or in such amounts as are provided in appropriation Acts)..."

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Authorization and Appropriation Experience for Serving
Existing and New and Improved Indian Homes
and Special Projects
(Dollars in $,000)

	FY 1978		FY 1979		FY 1980		TOTAL	
	Author.	Approp.	Author.	Approp.	Author.	Approp.	Author.	Approp.
Existing	$43,000	$46,000[1/]	$30,000	$ 400	$30,000	$ 4,000	$103,000	$ 50,400
New and Improved	58,500	50,240[2/]	67,275	50,240	77,348	46,240	203,123	146,720
Special	1,487	600	1,725	0	1,984	0	5,196	600

1/ Entire $46 million advanced in FY 77 for provision of sanitation facilities to existing Indian homes and communities.

2/ Includes $29 million advanced in FY 77 for provision of sanitation facilities to new and improved Indian homes.

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Each IHS Area/Program Office developed a plan for the use of Medicare and Medicaid collections. The method for developing the plan is as follows:

1. Each IHS participating facility was surveyed by a team from the Joint Commission on Accreditation of Hospitals (JCAH) or a Public Health Service (PHS) Regional Office using Medicare standards.

2. Each survey report listed deficiencies requiring correction to permit the facility to meet JCAH or Medicare standards for certification. The deficiencies were categorized according to personnel, equipment, facility maintenance and repair, and administration.

3. Where personnel deficiencies were found, the plan listed additional staff needs based on the IHS Resource Allocation Criteria that has been accepted as the standard for operation of IHS facilities.

4. Each IHS Area/Program Office used the individual facility reports to develop its plan showing how each facility will be improved by using the Medicare and Medicaid collections.

The deficiency plans will be updated as resurveys are made during FY 81 by the JCAH and/or Regional Office survey teams. These new surveys may cite additional deficiencies as a result of new or changed standards. Thus, additional resources could be required for the correction of the new or different deficiencies.

Accomplishments

Medicare/Medicaid collections were fully implemented in all IHS Areas/ Programs. The last remaining State plan to be implemented was Nebraska, which is now fully operational.

A total of $11,124,944 was collected for services rendered to eligible Indian people at IHS facilities. A total of $15,509,650 was billed to the Medicare and Medicaid agencies. The difference represents the denied claims and those claims that were in the process of being paid at the end of FY 80.

Medicare/Medicaid collections were used to correct deficiencies cited in surveys conducted by the JCAH and Medicare. Funds were used for personnel and associated costs in the sum of $4,431,000. A total of $1,824,000 was used for equipment, such as laboratory equipment, quality assurance equipment for x-ray machines and processors, and other items of medical equipment. A total of $3,599,000 was used for maintenance and repair which consisted of minor renovations and alterations to upgrade facilities to the current standards and also to correct life safety deficiencies.

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In the personnel area, contracts for certain functions of IHS facilities were negotiated with Indian tribes using the P.L. 93-638 (The Indian Self-Determination Act) authority. Such contracts stimulate Indian self-determination by providing the maximum participation of Indian people in the process of attaining and maintaining accreditation of Indian health facilities according to the JCAH and Medicare standards. An example of this type of contract is the medical records functions in Alaska.

There were 32 of the 50 IHS hospitals accredited by the JCAH during FY 80. Of the remaining 18 hospitals, 15 were certified by Medicare. The three hospitals that were neither accredited nor certified were: Whiteriver, Arizona; Owyhee, Nevada; and Acoma-Laguna-Canoncito, New Mexico. The new hospital at Whiteriver, Arizona, received its initial JCAH survey in March 1981. This hospital is expected to become accredited. The hospital at Owyhee, Nevada, has experienced difficulties in recruiting and maintaining staff due to its isolated location. The staffing problem appears to have been resolved and it is planned to have this facility surveyed by Medicare during the third quarter of FY 81. The hospital at Acoma-Laguna-Canoncito opened its inpatient operations during the last quarter of FY 80 and has received its initial survey from Medicare, but the survey agency has not completed its review process. It is expected that this facility will be certified. When the required length of time has elapsed, the Acoma-Laguna-Canoncito facility will request the JCAH survey and accreditation should result.

TITLE V -- HEALTH SERVICES FOR URBAN INDIANS

Title V authorizes resources to:

1. Establish new health programs in urban centers having a sufficient Indian population with unmet health needs.

2. Expand existing urban Indian health projects which have developed the organizational structure and expertise to permit expanding their scope of services.

3. Establish not more than two rural Indian pilot projects providing outreach services to eligible Indians residing in rural communities near Indian reservations.

Authorization - Appropriation

Authorization ($,000)	Appropriation ($,000)
$15,000	$4,392

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Activities

The IHS is contracting with 41 urban Indian health organizations located in various cities throughout the United States. The Indian population within these 41 project locations is estimated to be 285,000. These projects have been successful in accessing other programs such as: Maternal and Child Health; Family Planning; NIAAA; Urban Health Initiative funding; and third-party reimbursements from Medicare and Medicaid. In addition, the private sector, such as foundations, church groups, corporations, etc., have provided financial assistance to these projects for various health program activities. Resource development data collected from the 41 projects in FY 80 show more than $8.1 million generated from resources other than the IHS. Additionally, the urban Indian population has been designated as a health manpower shortage area. Thus, the NHSC health professionals can be assigned to urban Indian health programs. There are currently 18 NHSC assignees at 7 urban Indian health locations.

These 41 programs are engaged in a wide variety of activities ranging from the provision of outreach and referral services to the delivery of comprehensive health care services. The following workload data are the total number of services provided by the 41 programs in FY 80:

Medical	Dental	Outreach & Referral	Other*	Total
153,402	54,843	236,383	119,823	564,451

A detailed display of these data is shown in the table on page 22: Urban Indian Health Programs Fiscal Year 1980 Workload Data.

Three of the urban Indian health centers operating under Title V -- Milwaukee Indian Health Board, Minneapolis Indian Health Board, and Seattle Indian Health Board -- were evaluated in February 1980 by Rosenberg Associates, an independent outside agency. The overall report of the three health centers is extremely positive. All are delivering primary care that is cost-effective and well-utilized. All have developed linkages with other health and social service providers in their communities and have become a part of the overall health care delivery system, assuring the Indian community access to a broad range of services not necessarily provided by the Indian clinics. All have shown significant impact on the overall health status of the service population and all are in the process of developing and/or maintaining a quality assurance program to review the clinical care, delivery mechanism, and acceptablity of services rendered. The demonstrated ability of these programs to improve health status, their cost-effectiveness, and their

*Other services include: family planning; mental health; health education; nutrition education; social services; alcoholism counselling; etc.

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leverage capacity all make the direct comprehensive delivery mode the best choice for impacting on urban Indian health care. In addition, one of these health centers (Minneapolis) was evaluated by the Health Services Administration (HSA), and the conclusion of the HSA report was that this project has a highly competent management component. This conclusion is consistent with findings of the Rosenberg Report.

Accomplishments

A detailed description of accomplishments achieved by each of the 41 urban Indian health programs is found in the tables on pages 23-33: Summary of Urban Indian Health Programs Fiscal Year 1980.

TITLE VI -- AMERICAN INDIAN SCHOOL OF MEDICINE; FEASIBILITY STUDY

Title VI requires that a study be conducted to determine the need for, and feasibility of, establishing a school of medicine to train Indians to provide health services for Indians.

Activities

The Report on the Need for and Feasibility of Establishing an American Indian School of Medicine was completed by the Department's Health Resources Administration and, on October 23, 1978, was transmitted by the Secretary to the Congress.

The Secretary's analysis determined that it was not practical to establish an American Indian School of Medicine and the Secretary, therefore, directed the Assistant Secretary for Health to:

> "...identify ways of increasing participation by Indians and other minority students in scholarship and health manpower programs." and to
>
> "...explore ways of increasing the number of health care personnel on Indian reservations."

Results will be reported when available.

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URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980 WORKLOAD DATA

PHASE OF DEVELOPMENT	OUTREACH & REFERRAL	MEDICAL	DENTAL	OTHER[1]	TOTAL SERVICES BY PROJECT
TOTAL	236,383	153,402	54,843	119,823	564,451
PHASE IV					
Minneapolis, MN	28,786	13,370	6,575	11,571	60,302
Milwaukee, WI	5,799	8,749	6,609	48,317	69,474
Seattle, WA	15,203	31,863	6,624	1,294	54,984
San Francisco, CA	3,906	5,834	9,348	4,889	23,977
Compton, CA	7,929	18,091	5,009	6,180	37,209
TOTALS BY SERVICE CATEGORY	61,623	77,907	34,165	72,251	245,946
PHASE III					
Tulsa , OK	9,499	6,408	0	1,011	16,918
Oklahoma City, OK	3,000	9,300	1,500	400	14,200
Wichita, KS	41,088	2,220	1,339	1,966	46,613
Dallas, TX	1,033	5,216	1,716	2,354	10,319
Portland, OR	2,500	5,492	0	1,120	9,112
Spokane, WA	473	6,385	1,964	1,352	10,174
Detroit, MI	15,201	2,318	336	2,683	20,538
Tucson, AZ	6,210	5,108	0	4,980	16,298
Great Falls, MT	3,547	1,454	497	54	5,552
Fresno, CA	1,444	555	1,567	250	3,816
San Jose, CA	7,937	2,632	1,264	1,355	13,188
Sacramento, CA	2,630	2,761	2,300	2,739	10,430
Huntington Park, CA	1,703	9,960	1,852	441	13,956
Santa Barbara, CA	595	0	3,038	1,375	5,008
Billings, MT	1,419	1,960	122	1,286	4,787
Missoula, MT	6,010	897	402	205	7,514
San Diego, CA	5,073	1,843	1,864	1,550	10,330
TOTALS BY SERVICE CATEGORY	109,362	64,509	19,761	25,121	218,753
PHASE II					
Chicago, IL	4,371	0	0	0	4,371
Green Bay, WI	3,200	0	0	200	3,400
Denver, CO	1,328	0	184	215	1,727
Omaha, NB	4,684	0	0	1,906	6,590
So. Dakota Urban Indian	3,500	140	251	250	4,141
Albuquerque, NM	2,981	0	0	1,633	4,614
Helena, MT	12,444	0	0	0	12,444
Anaconda, MT	2,756	170	57	74	3,057
Miles City, MT	2,952	0	0	0	2,952
Havre, MT	3,588	0	0	0	3,588
Butte, MT	981	0	0	0	981
Los Angeles, CA	1,468	0	0	923	2,391
Bakersfield, CA	7,177	0	0	0	7,177
Phoenix, AZ	4,031	9,316	0	0	13,347
Reno, NV	2,125	642	0	206	2,973
Salt Lake City, UT	1,035	186	0	3,769	4,990
Eugene, OR	4,487	0	0	11,167	15,654
Boston, MA	1,158	0	0	252	1,410
New York City, NY	1,132	532	425	1,856	3,945
TOTALS BY SERVICE CATEGORY	65,398	10,986	917	22,451	99,752

1/ Other category includes: family planning; mental health; health education; nutrition education; social services; alcoholism counseling; etc.

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project) 1/	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED 2/	ACCOMPLISHMENTS
CHICAGO, IL	II	81 - 9,878 82 - 9,851 83 - 9,824 84 - 9,797	-0-	$ 125,000	$ 25,000	O/R ---- 4,371	(1) Developed linkages with local medical and dental providers. (2) Developed optometric care program. (3) Negotiated agreement with local school of nursing to provide health education to high school students. (4) Continued outreach & referral services.
DETROIT, MI	III	81 - 6,223 82 - 6,201 83 - 6,175 84 - 6,147	81 -17,094 82 -17,039 83 -16,930 84 -16,802	$ 180,000	$ 113,000	O/R --- 15,201 MED ---- 2,318 DEN ------ 336 Other -- 2,683	(1) Continued outreach & referral services. (2) Provided limited direct services, such as medical care, health education, nutrition services, etc. (3) Established linkages with the Henry Ford Hospital. (4) Continued resource development activity resulting in establishment of community health nursing program and women, infants, and children's (WIC) program.
GREEN BAY, WI	II	81 - 2,486 82 - 2,593 83 - 2,707 84 - 2,829	81 - 2,500 82 - 2,600 83 - 2,700 84 - 2,800	$ 115,000	$ 134,000	O/R ---- 3,200 Other ---- 200	(1) Maintained and expanded linkages with health agencies and facilities. (2) Continued outreach & referral services, including home health care to the elderly, disabled, and handicapped. (3) Established maternal and child health program. (4) Participating in prisoner rehabilitation work program. (5) Established Head Start program. (6) Established alcoholic case management program utilizing community resources.

1/ Project population data differ from those of IHS primarily because:
A. Census undercounts, and
B. Projects serve a geographic area larger than one Standard Metropolitan Statistical Area which is the area reflected in the IHS population data.

2/ O/R = Outreach/Referral DEN = Primary Dental Other = family planning; health education; mental health; nutrition education; social services; alcoholism counselling; etc.
MED = Primary Medical OPT = Optometric

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
MILWAUKEE, WI	IV	81 - 7,894 82 - 8,160 83 - 8,435 84 - 8,724	-0-	$ 350,000	$ 891,130	O/R ---- 5,799 MED ---- 8,749 DEN ---- 6,609 Other - 48,317	(1) Expanded service delivery capability by acquiring larger facility. (2) Implemented pharmacy services. (3) Developed linkages with tribal governments in the State of Wisconsin. (4) Developed linkages with local hospitals. (5) Acquired approximately $2.65 for each IHS dollar enabling project to provide a wide range of services, including general medical care, pediatrics, dental, obstetrics, social services, nutrition, health education, health law, etc.
MINNEAPOLIS, MN	IV	81 -13,724 82 -14,208 83 -14,706 84 -15,220	81 -13,724 82 -14,208 83 -14,706 84 -15,220	$ 535,000	$ 500,200	O/R --- 28,786 MED --- 13,370 DEN ---- 6,575 Other - 11,571	(1) Provided comprehensive ambulatory care services. (2) Continued mental health services. (3) Continued health education program. (4) Continued family planning program. (5) Developed primary treatment center for adolescents. (6) Health Services Administration evaluation shows project has highly competent management.
OMAHA, NB	II	81 - 1,842 82 - 1,879	-0-	$ 163,000	$ 300,000	O/R ---- 4,684 Other -- 1,906	(1) Continued and expanded health information and referral system with computerized health data bank. (2) Liaison with Statewide health agencies to establish accessibility for Indians. (3) Provided dental care through contracts with local providers. (4) Continued rural health program in Western Nebraska.

(Continued - 3)

SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
SOUTH DAKOTA (Statewide)	II	81 - 2,394 82 - 2,458 83 - 2,523 84 - 2,590	81 -12,539 82 -12,876 83 -13,220 84 -13,572	$ 155,000	$ 16,000	O/R ---- 3,588 MED ------ 140 DEN ------ 251 Other ---- 250	(1) Continued outreach and referral activity including home visits, medical and dental followup, and transportation of patients. (2) Provided medical, dental, and optometric services by contracting with local providers. (3) Liaison with health care providers to make health services more accessible for Indians.
ALBUQUERQUE, NM	II	81 - 5,838 82 - 5,982 83 - 6,124 84 - 6,272	81 -12,539 82 -12,785 83 -13,030 84 -13,276	$ 184,000		O/R ---- 2,981 Other -- 1,633	(1) Continued outreach and referral services. (2) Developed linkages with local health care providers. (3) Updated health resources directory. (4) Updated Urban Specific Health Plan.
DENVER, CO	II	81 - 6,148 82 - 6,294 83 - 6,448 84 - 6,601	-0-	$ 156,000	$ 38,588	O/R ---- 1,328 DEN ------ 184 Other ---- 215	(1) Continued outreach and referral services. (2) Continued to develop linkages with local health care providers. (3) Provided dental and optometric services by contracting with local providers. (4) Established well-child clinic.
ANACONDA, MT	II	81 - 251 82 - 259 83 - 267 84 - 276	81 - 518 82 - 528 83 - 537 84 - 548	$ 23,000		O/R ---- 2,756 MED ------ 170 DEN ------- 57 OPT ------- 74 Other ---- 731	(1) Established linkages with county and State programs for family planning and hypertension screening services. (2) Provided medical services through contracts with local providers. (3) Continued to document health needs of the Indian community.

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
BILLINGS, MT	III	81 - 1,794 82 - 1,859 83 - 1,929	81 - 5,000 82 - N/A 83 - N/A	$ 82,000	$ 38,350	O/R ---- 1,765 MED ---- 1,960 DEN ------ 122	(1) Provided outpatient care 8 hours per week. (2) Developed linkages with city and county health departments, as well as the nearby IHS Service Unit.
BUTTE, MT	II	81 - 380 82 - 387 83 - 394 84 - 408	81 - 710 82 - 727 83 - 745 84 - 777	$ 23,000	$ 20,563	O/R ------ 981	(1) Established linkages with tribal health programs and local family planning programs. (2) Established hypertension screening program. (3) Established health education program.
GREAT FALLS, MT	III	81 - 2,235 82 - 2,307 82 - 2,307	81 - 4,171 82 - 4,354 83 - 4,354	$ 83,000	$ 188,500	O/R ---- 3,547 MED ---- 1,454 DEN ------ 497 Other ----- 54	(1) Provided medical, dental & optometric services through contracts with providers. (2) Hired full-time registered nurse at center. (3) Established linkages with IHS Service Unit and Malmstrom Air Force Base. (4) Hired full-time nutritionist.
HAVRE, MT	II	81 - 486 82 - 505 83 - 524 84 - 544	81 - 1,395 82 - 1,442 83 - 1 492 84 - 1,543	$ 21,000		O/R ---- 3,588	(1) Established linkages with Rocky Boys and Ft. Belknap Reservation health programs. (2) Provided hypertension screening/education services. (3) Established linkages with local alcoholism and mental health resources.

(Continued - 5)

SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
HELENA, MT	II	81 - 451 82 - 461 83 - 470 84 - 480	81 - 2,383 82 - 2,442 83 - 2,503 84 - 2,566	$ 99,031	$ 63,779	Q/R --- 12,444	(1) Established linkages with drug abuse, alcohol, child and youth, and women against violence programs. (2) Established linkages with IHS Service Unit. (3) Acquired funds to renovate center facility for health clinic. (4) Established hypertension screening program. (5) Expanded staff to include full-time registered nurse.
MILES CITY, MT	II	81 - 77 82 - 83 83 - 90 84 - 97	81 - 732 82 - 751 83 - 770 84 - 790	$ 22,000		Q/R ---- 2,952	(1) Established linkage with community college nursing program and four Indian reservations. (2) Continued outreach & referral services. (3) Updated health resources directory.
MISSOULA, MT	III	81 - 426 82 - 441 83 - 456 84 - 472	81 - 1,341 82 - 1,382 83 - 1,423 84 - 1,466	$ 35,000	$ 63,184	Q/R ---- 6,010 MED ------ 897 DEN ------ 402 Other ---- 205	(1) Established linkages with University of Montana School of Nursing in addition to other agencies in Missoula. (2) Developed part-time clinic services by utilizing contract services. (3) Acquired volunteer nursing services. (4) Continued to document health needs of Indian community.
DALLAS, TX	III	81 - 6,082 82 - 6,132 83 - 6,187 84 - 6,237	81 -16,000 82 -17,020 83 -18,050 84 -19,090	$ 380,000	$ 106,700	Q/R ---- 1,033 MED ---- 5,216 DEN ---- 1,716 Other -- 2,354	(1) Increased service delivery capability by move to larger facility. (2) Continued and expanded medical, dental, nutrition education, and social services. (3) Reorganized program format to improve management capability.

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
OKLAHOMA CITY, OK	III	81 -10,185 82 -10,606 83 -11,045 84 -11,501	-0-	$ 385,000	$ 22,800	O/R ---- 3,088 MED ---- 9,300 DEN ---- 1,500 Other ---- 400	(1) Provided 50 percent increase in medical services. (2) Continued dental and pharmacy services. (3) Initiated nutrition program. (4) Continued outreach and referral activities.
TULSA, OK	III	81 -10,930 82 -11,130 83 -11,327 84 -11,523	-0-	$ 305,000	$ 306,780	O/R ---- 9,499 MED ---- 6,408 Other -- 1,011	(1) Increased service delivery capability by expanding clinic additional 9,500 sq. ft. (2) Established other services, i.e., obstetrics/gynecology, mental health, family planning, nutrition education, and emergency food program. (3) Established linkages with the University of Oklahoma School of Medicine. (4) Established special clinic for diabetic and hypertensive patients.
WICHITA, KS	III	81 - 2,560 82 - 2,682 83 - 2,813 84 - 2,954	-0-	$ 230,000	$ 100,630	O/R --- 41,088 MED ---- 2,220 DEN ---- 1,339 Other -- 1,966	(1) Developed and implemented full-time dental clinic. (2) Developed and implemented diabetes clinic. (3) Established linkages with University of Kansas Child Evaluation Center and the Wichita State University Dental Program. (4) Established linkages with local hospitals.

(Continued - 7)

SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
EUGENE, OR	II	81 - 1,648 82 - 1,648 83 - 1,648 84 - 1,648	81 - 5,858 82 - 6,094 83 - 6,340 84 - 6,596	$ 116,000	$ 74,920	O/R ---- 6,487 Other - 11,167	(1) Continued outreach and referral services. (2) Established linkages with local health care providers. (3) Initiated a nutrition program.
PORTLAND, OR	III	81 - 5,563 82 - 5,759 83 - 5,963 84 - 6,177	-0-	$ 255,000	$ 327,400	O/R ---- 2,500 MED ---- 5,492 Other -- 1,120	(1) Increased physician services to 4 days per week. (2) Established 24 hr. on-call emergency services. (3) Increased service delivery capability by acquiring urban health initiative grant. (4) Expanded well-baby clinic and mental health services.
SEATTLE, WA	IV	81 -11,477 82 -11,598 83 -11,703 84 -11,807	-0-	$1,114,000	$2,133,000	O/R --- 15,203 MED --- 31,863 DEN ---- 6,624 Other -- 1,294	(1) Continued to provide comprehensive medical care to Indian people of Seattle. (2) Implemented children's mental health program. (3) Implemented drug abuse program. (4) Expanded health promotion program.
SPOKANE, WA	III	81 - 3,623 82 - 3,791 83 - 3,964 84 - 4,146	-0-	$ 138,000	$ 125,000	O/R ------ 473 MED ---- 6,385 DEN ---- 1,964 Other -- 1,352	(1) Expanded medical program with addition of full-time physician. (2) Increased service delivery capability by acquiring larger facility. (3) Continued outreach and referral activities.

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1986

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
BAKERSFIELD, CA	II	81 - 2,500 82 - 2,545 83 - 2,592 84 - 2,641	81 - 5,285 82 - 5,380 83 - 5,477 84 - 5,576	$ 106,000		O/R ---- 7,177	(1) Developed a functional referral provider linkage in the Kern County area. (2) Outreach department is now working on a full time schedule.
COMPTON, CA	IV	81 - 9,051 82 - 9,173 83 - 9,291 84 - 9,408	-0-	$ 271,000	$ 300,000	O/R ---- 7,929 MED --- 18,091 DEN ---- 5,009 Other -- 6,180	(1) Provided 60 percent increase in medical and dental services. (2) Developed a new accounting system.
FRESNO, CA	III	81 - 2,549 82 - 2,622 83 - 2,697 84 - 2,775	-0-	$ 148,000	$ 330,000	O/R ---- 1,444 DEN ---- 1,567 MED ------ 555 Other ---- 250	(1) Started part-time medical and optometric services. (2) Acquired additional dental equipment and supplies. Providing dental care 5 days per week.
HUNTINGTON PARK, CA	III	81 - 9,051 82 - 9,173 83 - 9,291 84 - 9,408	-0-	$ 248,000	$ 391,000	O/R ---- 1,703 MED ---- 9,960 DEN ---- 1,052 Other ---- 441	(1) Acquired dental equipment. (2) Updated medical files. (3) Provided health education, mental health, and optometric services.
LOS ANGELES, CA	II	81 - 9,051 82 - 9,173 83 - 9,291 84 - 9,408	-0-	$ 88,000		O/R ---- 1,468 Other ---- 923	(1) Provided contract health care services for optometric and primary care.

(Continued - 9)

SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1986

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
SACRAMENTO, CA	III	81 - 5,328 82 - 5,591 83 - 5,883 84 - 6,199	-0-	$ 186,000	$ 301,400	O/R ---- 2,630 MED ---- 2,761 DEN ---- 2,300 Other -- 2,739	(1) Provided full-time dental services. (2) Expanded service hours and operated clinic with a full staff.
SAN DIEGO, CA	III	82 - 3,577 82 - 3,688 83 - 3,806 84 - 3,933	-0-	$ 287,000	$ 123,280	O/R ---- 5,073 MED ---- 1,843 DEN ---- 1,864 Other -- 1,550	(1) Fully implemented community advocacy and health education program . (2) Fully operated dental and medical programs. (3) Expanded community health representative(CHR) activities to facilitate health education services.
SAN FRANCISCO, CA	IV	81 -13,631 82 -13,473 83 -13,505 84 -13,536	-0-	$ 298,000	$ 421,000	O/R ---- 3,906 MED ---- 5,834 DEN ---- 9,348 Other -- 4,889	(1) Increased full-time followup services by CHRs which have increased Indian patients in medical and dental programs. (2) Operated Oakland satellite clinic full-time. (3) Provided ancillary optometric services. (4) Established prenatal services at Oakland.
SAN JOSE, CA	III	81 - 5,716 82 - 5,833 83 - 6,005 84 - 6,242	81 - 9,166 82 - 9,441 83 - 9,724 84 -10,016	$ 165,000	$ 155,720	O/R ---- 7,937 MED ---- 2,632 DEN ---- 1,264 Other -- 1,355	(1) Provided full-time physician and nurse practitioner services. (2) Provided dental services to 400 patients.
SANTA BARBARA, CA	III	81 - 2,555 82 - 2,598 83 - 2,642 84 - 2,698	-0-	$ 165,000	$ 121,000	O/R ------ 595 DEN ---- 3,038 Other -- 1,375	(1) Provided contract health care to Ventura service area. (2) Provided optometric screening.

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SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
RENO, NV	II	81 - 4,603 82 - 4,673 83 - 4,743 84 - 4,815	-0-	$ 145,000		O/R ---- 3,125 MED ------ 642 Other ---- 286	(1) Continued outreach and referral program. (2) Established linkages with the Reno-Sparks Tribal Health Center. (3) Updated the Urban Specific Health Plan. (4) Implemented community health worker program.
PHOENIX, AZ	II	81 - 9,841 82 -10,098 83 -10,365 84 -10,640	81 -11,244 82 -11,694 83 -12,162 84 -12,648	$ 116,000		O/R ---- 4,031 MED ---- 9,316	(1) Continued community health advocate program, i.e., first aid training, outreach and referral, environment assessment and evaluation, updating of health resource directory, patient transportation, etc. (3) Continued health planning and resource development activities. (3) Continued community health nursing proyram.
SALT LAKE CITY, UT	II	81 -10,354 82 -10,757 83 -11,180 84 -11,632	-0-	$ 145,000		O/R ---- 1,035 MED ------ 186 Other -- 3,769	(1) Increased service delivery capability by move to larger facility. (2) Implemented screening & immunization clinics. (3) Developed an information and referral directory. (4) Provided WIC services.
TUCSON, AZ	III	81 - 1,534 82 - 1,558 83 - 1,583 84 - 1,608	81 - 4,854 82 - 4,970 83 - 5,086 84 - 5,202	$ 182,000	$ 193,000	O/R --- 6,210 MED --- 5,108 Other - 4,980	(1) Continued and expanded primary health care delivery capability. (2) Acquired full-time MDSC physician. (3) Established linkages with local health care providers in private sector. (4) Established nutrition education and counciling services.

(Continued - 11)

SUMMARY OF URBAN INDIAN HEALTH PROGRAMS
FISCAL YEAR 1980

PROJECT	PROJECT PHASE	POPULATION (IHS)	POPULATION (Project)	IHS FUNDING	OTHER FUNDING	SERVICES PROVIDED	ACCOMPLISHMENTS
BOSTON, MA	II	81 - 4,835 82 - 4,896 83 - 4,950 84 - 5,000	-0-	$ 116,00	$ 226,800	O/R ---- 1,158 Other ---- 262	(1) Maintained and expanded outreach and referral network with PHS, Forsyth University Dental School, Brookside Family Service Center, Whittier Family Clinic, New England School of Optometry, the Boston Hearing Guild, and Brighton Family Planning Agency to address the unmet health needs of the medically underserved Boston Indian community. (2) Maintained and continued health screening program with the Boston College School of Nursing. (3) Established a data system which will be coordinated with the Boston Indian Council's centralized case management and social services' system. Also, continued and maintained computerized health data system at Boston University.
NEW YORK, NY	II	81 -10,749 82 -10,796 83 -10,841 84 -10,881	81 -14,110 82 -14,171 83 -14,230 84 -14,283	$ 116,000	$ 2,000	O/R ---- 1,132 MED ------ 532 DEN ------ 425 Other -- 1,856	(1) Maintained and augmented outreach and referral program. (2) Established preventive health program. (3) Disseminated health education materials by mail, newsletter, and workshops. (4) Continued to document health needs of Indian community. (5) Implemented medical and dental referral system.

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TITLE VII -- MISCELLANEOUS

Title VII cites requirements for reports, regulations, and a Plan of Implementation, and authorizes leases with Indian tribes and availability of funds. Although section 705 states that "...funds appropriated pursuant to this Act shall remain available until expended," such authorization is superseded by the terms of the Appropriation Act providing funds to operate the IHS programs. Such Appropriation Acts specify fiscal year funding except for resources appropriated for the IHS Facilities Budget (Title III) which are "no year funds" to be used for the purposes identified by the Congress.

Authorization - Appropriation

No funds authorized or appropriated.

Activities/Accomplishments

A major opportunity in the tribal self-determination process occurred soon after passage of P.L. 94-437. Indian tribal and urban leaders recommended, and Department officials agreed, that Tribal Specific Health Plans (TSHP) and Urban Specific Health Plans (USHP) should form the basis of a National Plan for the Secretary's consideration in making the report to Congress, required in section 701 of the Act, on additional authorities needed during the last 4 years of the Act -- FY 81-84. Early in 1977, each tribe was given the option of preparing its own TSHP. The IHS worked with Indian people, their tribal leaders, and with representatives of national Indian organizations to develop TSHP guidelines and a sample plan. The IHS provided training, technical assistance, and grants and contracts to support tribes in developing their TSHPs.

After the most comprehensive 3-year Indian health planning effort on record, 216 Tribal and 34 Urban Specific Health Plans, representing 280 tribes and 41 urban Indian health groups, were consolidated into the National Plan for the improvement of health care to Indian people which was submitted to the Congress in April 1980.

The objective of the process was to enable each tribe and urban group to develop a comprehensive health plan which provided equity of access to health services. The health resource needs from the T/USHPs described in the National Plan indicate that the total additional resources needed in FY 81-84 are 12,365 staff (i.e. human effort provided by tribal, urban, IHS, or other sources) and $2,849,301,000.

The experience gained in the TSHP process has given tribal leaders a better understanding than ever before of health programs and available health options. The tribes have expressed in their own words what their health

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goals are, and what priorities they will use to achieve these goals. The TSHPs now exist for each tribe to use in their own best interest and will continue to be used as working documents in the tribal self-determination process.

The TSHPs are being incorporated into the development of the IHS budget request through the Zero Base Budgeting (ZBB) process. The IHS encourages each tribe to participate fully in the process to insure that the ZBB submission is reconciled to the tribe's formal health plan (TSHP).

As a part of the National Plan preparation, and in response to congressional direction, the IHS developed a health services priority system which ranks tribes in terms of health needs based upon the TSHPs. This system includes a common measure of equity in assessing the health service requirements of each tribe. The resource requirements identified for the program elements involved were determined by the standards and criteria set forth in the Resource Allocation Criteria, which was developed by the IHS with consultation from the Indian people, representatives of the HSA, the PHS, and the Department.

Having identified the resources required for each tribe, the levels of deficiency for each tribe were grouped into 5 categories, with Level I being those less than 20 percent deficient in needed resources and Level V being those 81-100 percent deficient in needed resources. The categories were spread in 20 percent increments. Thus, it is possible to identify the resources necessary to, for example, move all tribes from Level V (81-100 percent deficient) to Level IV (61-80 percent deficient). Eventually all tribes could be funded at a consistent level.

GENERAL ACCOMPLISHMENTS

Public Law 94-437 and IHS policy require the maximum participation of Indian people in the Indian health program. Evidence that the requirement is being met includes:

1. The IHS staff, Indian people, and other interested persons continued to work together in a joint effort on all aspects of P.L. 94-437 planning and operations to insure that the programs meet the needs of Indian people;

2. Tribal and urban Indian groups and the IHS conducted meetings at the local, regional, and national levels which helped Indian people understand and participate in P.L. 94-437 activities and programs;

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3. The IHS and Indian people worked together to refine the nationwide communication process so Indian people and IHS staff kept informed of P.L. 94-437 information and activities; and

4. The IHS Headquarters staff continued to meet periodically with representatives of the four major national Indian organzations which represent the majority of Indian people and their regional and local leadership. These organizations are the American Indian Health Care Association, National Congress of American Indians, National Indian Health Board, and National Tribal Chairmen's Association. These representatives provided advice and guidance to the IHS on P.L. 94-437 matters on behalf of their organizations and the Indian people represented by their organizations.

CONCLUSION

The many accomplishments of the fourth year of operation of P.L. 94-437 programs indicate that, because of the partnership and cooperation of the Indian people, the Administration, and the Congress, the opportunities provided in P.L. 94-437 are resulting in a more effective IHS program, better health benefits and services for Indian people, and an increase in the number of Indian health professionals.

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